

**APPLICATION FORM**

## POSTGRADUATE MASTER’S PROGRAM IN ORAL HEALTH SCIENCES

for the course starting in September 2022

**Graduation profile** **Prosthodontics and Oral Implantology**

**Personal details:**

Family name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country where issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valid until: \_\_\_\_\_\_\_\_\_\_

BSN number (if already in your possession): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIG. registration number (if already in your possession): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic credentials:**

University where dental degree was obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of graduation from dental school : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional degrees (where and when obtained): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of persons who will send letters of recommendation (see Appendix; minimum 2 letters):

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



I, . . . . . . . . . . . . . . . . . . . . . . . . . (name of applicant) hereby formally apply for the Postgraduate Master’s Program in Oral Health Sciences at ACTA, graduation profile Prosthodontics and Oral Implantology, starting September 2020. I have included all documents as requested in the enclosed Appendix. I understand that an online interview is part of the admission procedure, and that the annual tuition fee is €25.000. I appreciate that this is a 3-year program which requires at least 42 study hours per week.

Signature applicant:

City: Date:

**Appendix**to the Application Form of the postgraduate Master’s Program in Oral Health Sciences

**Documents to be submitted with your application:**

The following items are to be enclosed in your application package (please check and include this page):

1. copy of passport
2. personal motivation for application and future plans
3. curriculum vitae
4. proof of experience in general dentistry after graduation (minimum of 1 year)
5. legally certified copy of the dental diploma obtained in one of the countries within the European Union
6. English language test report: TOEFL, IELTS or Cambridge English (necessary both for dentists with a Dutch dental diploma and an international dental degree)
7. copy of hepatitis-B vaccination, together with titer determination, officially translated into English or Dutch
8. certified copy of B.I.G. registration document of the Netherlands. Please note that your B.I.G. registration needs to be effective by 1 September 2022 at the latest unless you have permission from the respective profile director to start the program without.
9. copy of Reanimation course (not older than 2 years)
10. copy of Radiology certificate

**Submission of your application:**

Please send this two-sided application form plus all required documentation to:

Prof. dr. A.J. Feilzer, Head ad interim Department of Reconstructive Oral Care, [a.feilzer@acta.nl](mailto:a.feilzer@acta.nl)

**Letters of recommendation:**

The letters of recommendation (minimum 2) should be sent directly by the referee to the profile director at: [a.feilzer@acta.nl](mailto:a.feilzer@acta.nl)